

CONTACT INFORMATION:**TELEPHONE: 617-222-7595****FAX: 617-727-9368**

If unable to fax, e-mail to: ALRincidentreport@state.ma.us

Assisted Living Residence

Name of Residence: _____ City or Town _____

Contact person: _____ Phone number: _____

Date & Time incident began or was first identified: _____

Date & Time report was telephoned to Elder Affairs recorded line _____

Date & Time this written report is faxed to Elder Affairs _____

The number of Residents displaced: _____ Total occupancy at time of emergency: _____

List of Residents unique identifiers (do not use names or room numbers): _____

The number of GAFC Residents displaced: _____

Number of Units rendered unusable: _____

Location or Units rendered unusable: _____

Anticipated length of time before Residents may return to their units: _____

Other agencies contacted, if any: _____

Nature of the emergency: _____

Temporary living and personal care service provision arrangements for all dislocated Residents:

Other remedial actions taken: _____

Please attach additional pages or supplemental documents as needed.